

FACTORS THAT INFLUENCE TURNOVER OF NURSES: A Case Study of MP Shah Hospital, Nairobi Kenya

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ABSTRACT

Purpose: The purpose of this study was to identify factors that contribute to the high turnover among nurses working in MP Shah Hospital in order to address these factors and reduce the turnover rates. The specific objectives of the study were: to evaluate the factors that influence nurse turnover in MP Shah Hospital; (ii) to assess the effects of nurse turnover on operations at MP Shah Hospital; and (iii) to analyze the interventions could be used to reduce nurse turnover in MP Shah Hospital. To identify the factors that influence nurse turnover in MP Shah Hospital; To determine the effects of nurse turnover on operations at MP Shah Hospital; and To determine the interventions could be used to reduce nurse turnover in MP Shah Hospital. A Desk study was undertaken in order to eliminate duplication of what has been done and provide a clear understanding of existing knowledge base in the problem area. The literature review is based on authoritative and original sources such as journals, books, thesis and dissertations.

Methods: A case study of MP Shah Hospital, Nairobi was undertaken. Population of study was the nurses currently in employment at MP Shah Hospital and those who have left service in the last five years (They were traced by the researcher, who is in touch with many of them). In addition, the researcher held personal interviews with various key informants, who include matron and various supervisors. Probability sampling was used to arrive at a representative sample for the study. The respondents were sampled using stratified random sampling and were deliberately selected on the basis of convenience as perceived by the researcher; they were also as representative of the various departments and levels along the organizational hierarchy amongst other factors as possible. The questionnaire, which was the main data collection instrument, enabled the researcher to gather in-depth information on phenomena under investigation. The researcher also used interview schedules, which had open questions, aimed at meeting the objectives of the study. In addition, observation method was used in confirming the questionnaire responses.

Analysis: The data was analyzed by employing descriptive statistics such as percentages, frequencies and tables. Statistical Package for Social Sciences (SPSS) was used to aid in analysis. Computation of frequencies in tables, charts and bar graphs were used in data presentation. In addition, the researcher used standard deviations and mean scores to present information pertaining to the study objectives. The information was presented and discussed as per the objectives and research questions of the study.

Results: In terms of Herzberg's Theory of motivation, the intrinsic factors (motivators) that could influence nurses' turnover rates were nurses' dissatisfaction with irregular promotions, lack of recognition and nurses' lack of autonomy. The extrinsic (hygiene) factors included dissatisfaction with their salaries and marked dissatisfaction with organization and administrative

policies and nurses' inability to access information about patient care and about the management of their units. Nurses turnover rates might be reduced if promotion policies could be consistent, doctors would value nurses' work and if nurses could be more autonomous. Enhanced communication about policies and about salaries, could contribute to reduced turnover among nurses.

Key Words: *Turnover, Nurses, MP Shah Hospital*

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Human resources are essential for health care systems and staff turnover is a global problem. In the USA the turnover rate is estimated to reach a level of 29 percent in 2020 (HSM Group, 2002). High turnover rates are not only a waste of money, they also affect the quality of care, patient safety and patient satisfaction (Newman *et al.*, 2002; Kramer and Schmalenberg, 2004). Aiken *et al.* (2002), reported that a low nurse patient ratio was associated with a higher risk of adverse events, failure and even patient death. To deal with the nursing shortage, present and future, is a huge challenge for managers and decision makers in health care organizations all over the world. Consequently, it is very important to study in what way and to which extent leadership behavior impacts on nurse staff turnover. Improving this knowledge would help health care leaders to be efficient and effective in attracting and retaining talented staff.

Turnover, defined as the voluntary separation of an individual from an organization, has particular importance in nursing because of the high turnover rate of hospital nurses (Price and Mueller, 1986). This high turnover of hospital nurses is significant because it results in high costs to the hospital administration and added stress on the nursing staff, and ultimately, it may negatively affect the quality of care that the patient receives by hindering the nurses' ability to meet workload demands and provide consistent patient care (Parker and Kulik, 1995; Price and Mueller, 1981a). In this paper, turnover will be the dependent variable. Krausz *et al.* (1995) asserted that studies among nurses have shown that intentions to leave are a better predictor of actual turnover than are attitudinal measures. They argued that studies using intentions as the criterion have distinct advantages over those using behavior as the dependent variable. First, behaviors are often influenced by a host of other variables (e.g., company policies, economic conditions) that cannot be controlled by the investigator but influence the findings. Second, turnover research has shown that a person's self-expressed intentions are the best predictor of turnover (Steel and Ovalle, 1984). Therefore, turnover intentions can be used as the dependent variable and an assumption can be made that some action on the part of the employee is likely to follow. Moreover, Price and Mueller (1981a) argued that expressed intentions of leaving a job are an expression of an emotional response toward work or the profession. Parasuraman (1989), in a study of turnover among staff nurses, asserted that intentions play a key mediating role between attitudes and turnover and are the immediate determinant of actual turnover.

Actual absenteeism will be the second outcome examined here. Conceptually, absenteeism and turnover are behaviors that have attracted a great deal of attention from scholars (Harrison and

Martocchio, 1998). Yet, there is a limited number of nursing studies dealing with absenteeism, and those that do generally assign greater importance to turnover than absence (Borda and Norman, 1997). Both turnover and absence may be termed withdrawal behaviors, as they involve withdrawal from work (Borda and Norman, 1997). The causes for these two behaviors are also interrelated. They both stem from the same underlying motivation to escape a dissatisfying job (Mitra *et al.*, 1992). Many theories hypothesize that people who dislike their jobs will avoid them, either permanently by quitting or temporarily by being absent or coming in late. These withdrawal behaviors have received a good deal of attention in the literature, but further examination of them is needed in general and in nursing organizations in particular.

The independent variables examined in this study represent three conceptualizations of the causes of withdrawal. Demographic models were commonly examined as reasons for withdrawal, in many cases because of the need to control for important demographic differences among the research participants. Work attitudes were included in previous models as the main determinants of withdrawal (Harrison and Martocchio, 1998; Sagie, 1998). The emphasis on commitment forms and the addition of perceptions of health, all in the same model, are an important contribution of this study. The inclusion of prior absenteeism as a predictor of withdrawal, in addition to the other determinants examined here, strengthens the contribution of this study.

1.2 Statement of the Problem

In light of current concerns over nursing shortages, turnover of nurses is a topic of great importance. Compared to other occupational groups, nurses tend to leave the profession or their workplaces for others at a much greater rate. At the same time, demographic changes have led to a decline in the number of graduates entering the profession, an aging nursing workforce, and an increased need for care as the baby boomer generation approaches retirement (North *et al.*, 2005; Taunton *et al.*, 1997). As a consequence, most western countries are facing more or less serious nurse shortages occasioned by turnover (Aiken *et al.*, 2002; Sj gren *et al.*, 2004). Shortages and nursing turnover have been associated with decreased standards of patient care (Newman, Maylor & Chansarkar, 2002; Price & Mueller, 1981) and increased pressure on those left in the job (Gauci Borda & Norman, 1997).

There is evidence that low nurse retention in health care practice is related to burdensome workloads and high levels of job-related burnout and job dissatisfaction (Aiken *et al.*, 2002). Given this situation, greater understanding of the factors underlying nurses turnover is essential if health care organizations are to meet client needs for nursing care in the future (Taunton *et al.*, 1997).

Our current understanding of why there is a high turnover in the nursing profession is still limited. Although researchers have studied the career behaviors of nurses in the past, the focus was mostly on occupational turnover (see Gauci Borda & Norman, 1997; Irvine & Evans, 1995), and less on organizational turnover.

The current study, therefore, sought answers to the following questions:- What are the factors that lead to the turnover of nurses?; How do the medical facilities cope with the shortages occasioned by turnover of the nurses; and What measures could be implemented in order to reduce the turnover rates of the nurses.

The findings of the study will thus be a milestone in an attempt to bridge the knowledge gap in relation to the factors that lead to turnover of nurses

1.3 Objectives of the Study

1.3.1 General Objective

The purpose of this study is to identify factors that contribute to the high turnover among nurses working in MP Shah Hospital in order to address these factors and reduce the turnover rates.

1.3.2 Specific Objectives

The study was guided by the following specific objectives:-

- (i) To evaluate the factors that influence nurse turnover in MP Shah Hospital.
- (ii) To assess the effects of nurse turnover on operations at MP Shah Hospital
- (iii) To analyze the interventions could be used to reduce nurse turnover in MP Shah Hospital.

1.4 Research Questions

In order to identify factors that influence nursing turnover, the following specific research questions were answered:-

1. What are the factors that influence nurse turnover in MP Shah Hospital?
2. How does nurse turnover affect operations at MP Shah Hospital?
3. What interventions could be used to reduce nurse turnover in MP Shah Hospital?

1.5 Significance of the Study

The findings of this study, it is hoped, will be beneficial to the following among others: - It is anticipated that the study will be of benefit to the following groups of people;

1.5.1 Stakeholders – LoBiondo-Wood and Haber (2002:56), state that the problem under study should be of significance to nursing and should contribute to the body of knowledge. Should this study identify factors that influence nurse turnover rates, recommendations might be useful to

decrease the rate of turnover and improve the retention of nurses. Patients, nurses and health care organizations will potentially benefit from the knowledge derived from this study.

1.5.3 Academics and Researchers – The findings will contribute to the existing body of knowledge in the area of management of Health facilities. It will also inspire future researchers to carry out further research in the same or related field.

1.6 Scope of the Study

A case study of MP Shah Hospital was adopted for the study. As the field of business and society is young and no widely accepted integrating framework exists (Jones, 1995), it is valuable for research to explore real organizational goals and processes in organizations, and to understand the failure of policies and practices. The study was limited to MP Shah Hospital in Nairobi and took three months, commencing June, 2008.

1.7 Assumptions of the Study

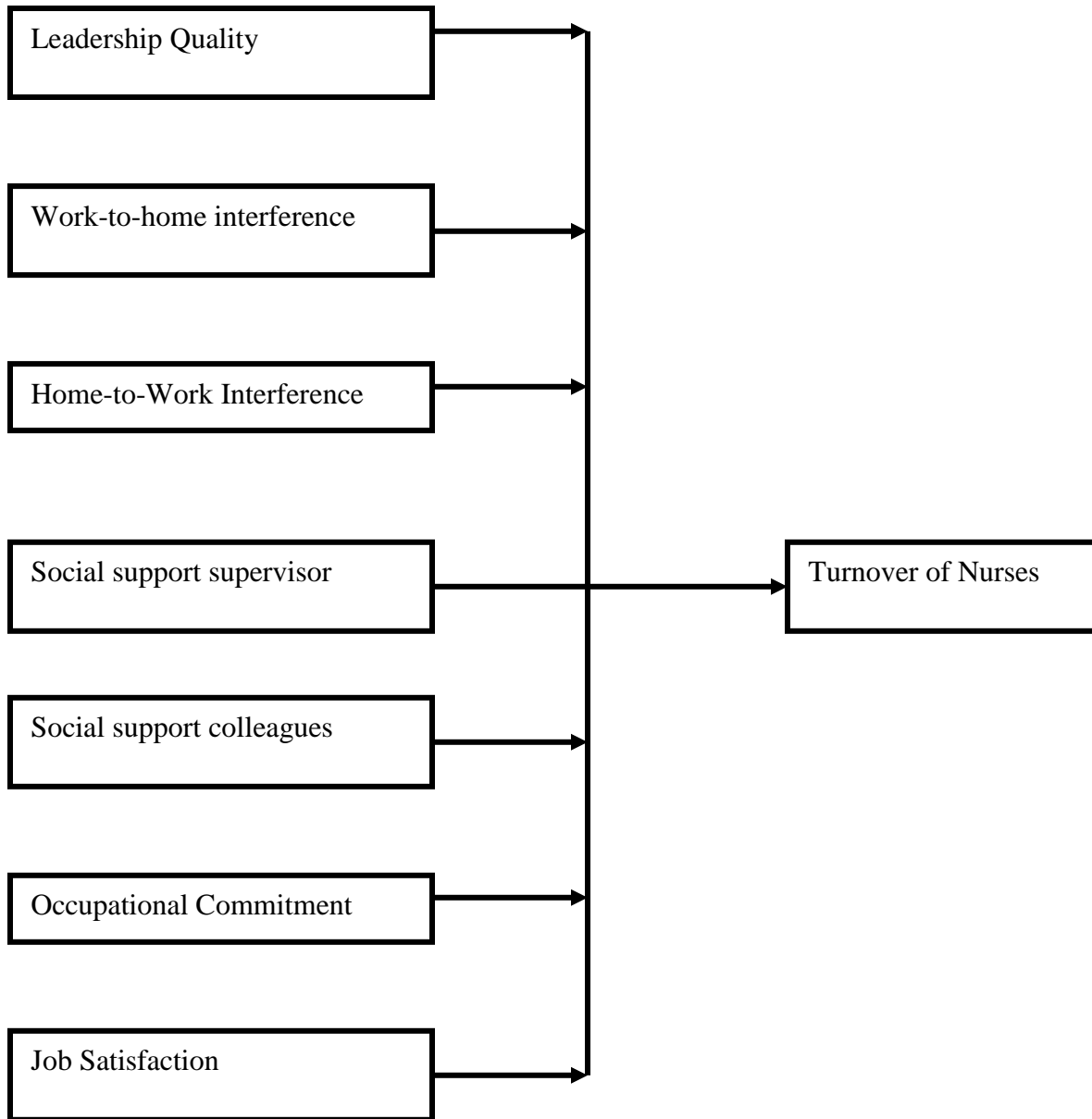
Though the researcher would prefer to administer the data collection tools to only the sampled staff, who will have been carefully selected, some of them had to delegate to their juniors, they themselves either being too busy or away on official duties. It is thus assumed that the respondents were able to give similar information as would have been provided by the originally sampled staff.

1.8 Conceptual Framework

The study is undertaken on the premise that the following dependent variables affect/influence the independent variable, turnover:- Leadership quality; Work-to-home interference; Home-to-work interference; Social support supervisor; Social support colleagues; Occupational commitment; and Job satisfaction. These relationships are discussed in the literature review, presented in chapter two. Figure 1.1 below presents the conceptual framework.

Figure 1.1: Conceptual Framework

Dependent Variables



Source: Author, 2008

1.9 Definition of Terms

In this study, the following terms will be used as defined in this section of the proposal.

Factors – Webster’s Concise Edition Dictionary and Thesaurus (2002: 116) defines factors as “any circumstances that contribute towards a result”. In this study, “factors” refer to circumstances under which the nurse is working and the job itself.

Involuntary turnover – The process where the employee leaves the organization; terminating his/her services with this organization, based on decisions beyond the individual’s control (Sullivan et al, 2001: 294). Involuntary turnover could include resignations of nurses from a specific organization due to family reasons, transfer of husbands to another region, ill health or age of the nurse.

Job Satisfaction:- Job satisfaction is the extent to which the employee enjoys the job. Nurses’ level of job satisfaction could influence turnover rates (Mrayyan, 2005:41).

Turnover: The rate at which workers are replaced with new staff members in an organization (Webster’s Concise Edition Dictionary and Thesaurus 2002: 353).

Turnover Rate:-Turnover Rate is calculated by dividing the number of resignations by the number of nurses in a given period of time, usually a calendar year (Khowaja et al, 2005:34).

Voluntary Turnover – Voluntary turnover implies that the individual nurse decides independently to move out of the organization. If turnover is voluntary, the organization needs to look at factors that influence nurses to leave namely: intrinsic and extrinsic factors according to Herzberg’s Theory (Sullivan et al, 2001: 293 – 296)

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a description of the relevant literature surrounding the research problem, which form the foundation of the empirical study. The review was undertaken in order to eliminate duplication of what has been done and provide a clear understanding of existing knowledge base in the problem area. The literature review is based on authoritative and original sources such as journals, books, thesis and dissertations.

2.2 The concept of labour turnover

Labour turnover can be caused through an employee resigning, retiring or by being dismissed from the organization. Resignation can be by choice or also because of ill health or maternity leave, just as dismissal can be due to redundancy or misconduct. Reasons for turnover can be due to both internal and external factors and will vary between different groups of employees and the individual employees themselves. External factors such as skill shortages, increasing demand, better reward packages for specific workers or the high cost of living in many parts of the country are difficult for any employer to control. However, internal factors are something that an organization can take action in and control more easily, but they do require managers in the business to first admit to the problems and then do something about them.

Most of the implications of labour turnover centre on the actual cost of it to the business or organization. Such costs are very difficult to calculate but include the following according to ACAS (1994): additional staffing or overtime payments to alleviate shortages; disrupted production; work interruptions; increased cost of production due to new staff's inexperience; increased turnover with remaining staff that feel pressured and overworked; low morale; and damage to company's reputation.

These problems manifest themselves company-wide and cause a great deal of problems to the workers still left in the business. The workers still left in the business can naturally feel aggrieved as they are left to “pick up” the pieces. Bevan (1987, p. 1) investigated these points and suggested that labour turnover “can also provide a pointer to morale and satisfaction problems within the organization. Turnover also represents an outflow of skills and experience from the firm, which, in terms of replacement and retraining costs, can seriously hinder competitiveness and efficiency”.

In such situations, management have to strive to retain high standards of recruitment and training for new employees. Recruiting unsuitable staff, combined with ineffective or little induction and on job training, will just make the situation worse.

There is no shortage of research to produce models that try to explain the causes of labour turnover. March and Simon (1958) suggested that employees make rational decisions to leave their existing companies to search for more attractive jobs elsewhere. They suggested that job satisfaction played a big role in an individual's decision to stay and continue to work for an

organization. Porter and Steers (1973) looked specifically at how, from an employee's point of view, the lack of fulfillment of their initial job expectations caused dissatisfaction and could eventually lead to them leaving an organization. They suggested a “Met-expectation model”, suggesting that lack of fulfillment of employee's initial job expectations eventually leads to job dissatisfaction and then labour turnover. Mobley (1977) carried the research further by looking at what the individual decision-making process was that led to turnover. He proposed that dissatisfaction with an employee's current job provokes thought about quitting and stimulates the employee to search for a suitable alternative. On finding one, the employee will evaluate and compare it to their existing job and if it is deemed more attractive then they will leave.

Muchinsky and Tuttle (1979) found that major influences on turnover can be found in: the individual's personality (their interests, aptitudes and abilities); the individual's attitude (their morale levels, and opinions they hold on the organization); biographical details (the individual's family and marital status); personal make up (their age, sex, etc); and work related issues (working conditions, and workforce characteristics).

At the same time, Steers and Mowday (1981, p. 272), suggested a model of employee turnover based on the “Met-expectation model” of Porter and Steers (1973). They did also, however, state that despite the research, which they suggest as being over 1,000 studies, that “Our understanding of how employees decide whether to stay or leave organizations and the consequences of such decisions remains limited”. They suggest that the major weakness in most of previous research is that it was too narrow, looking at only some of the issues associated with turnover.

Hom and Griffeth (1995) attempted to “pull together” the various researches on labour turnover, and they suggested a general framework to summarize what, in their view, causes labour turnover. They believe that employees who become dissatisfied and lose their organizational commitment form decisions to leave their employer. Some leave straight away, others search for an alternative to reduce the cost of quitting and if they find an alternative job after evaluating, they quit.

What is clear from looking at all the research that is available is that there are many reasons for the causes of labour turnover in organizations. Much of the research revolves around models, which look at job satisfaction and dissatisfaction. Nearly all the researchers have suggested further areas of research to be carried out for those who are following on after them. This was the fact that reinforced the need for specific research to be carried out into the labour turnover at Livingston's. The research presented was designed specifically to review and build on research completed to date by Livingston's Labour Turnover and Staff Retention Committee. That independent specific research was the right way forward is confirmed when reading the work carried out by Bevan (1987, p. 17): “Important differences exist within organizations and within groups of employees which suggest that only organization-specific investigation can isolate the precise nature and causes of turnover”.

2.3 Theoretical background

The objective of the present study is to examine potential influences on nurses turnover Both the work and nonwork domains of people’s lives have been suggested as possible causes of turnover (Beehr, Glazer & Farmer, 2000). More specifically, this study addresses the relationships of nurses social work environment and work-home interference with nurses intention to leave the employer or profession, through their relationships with job satisfaction and occupational commitment. The research model adopted for this study is presented in Figure 1 below.

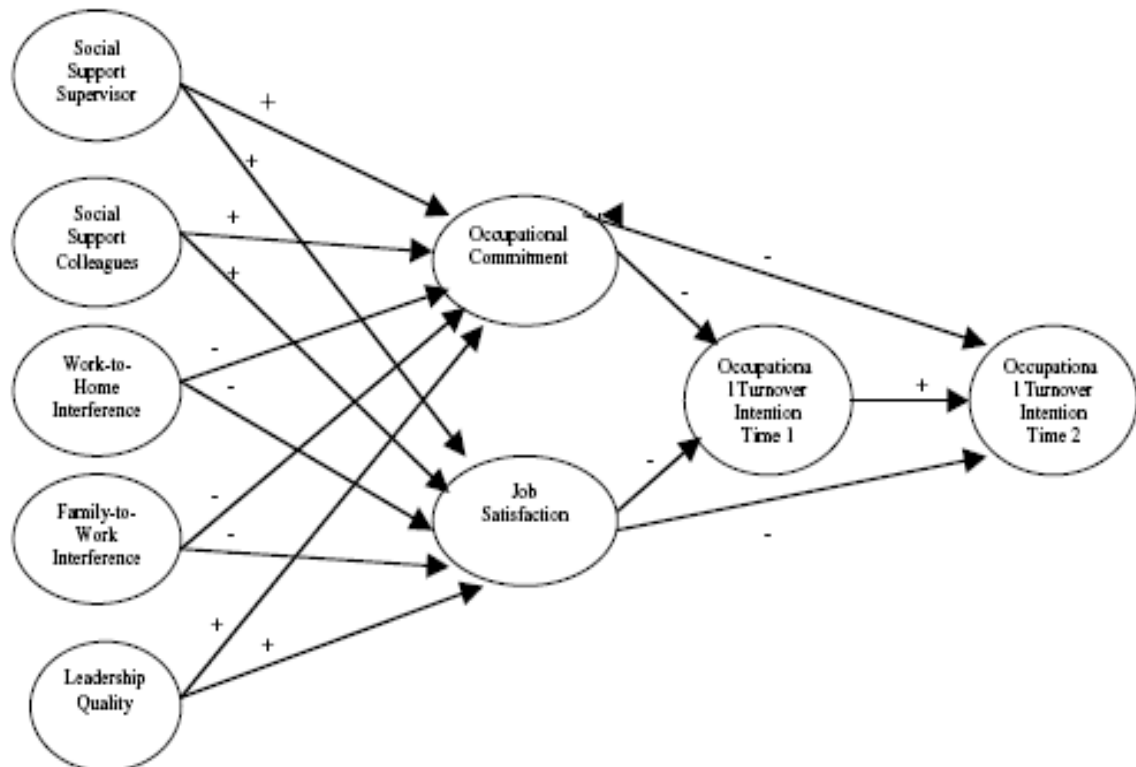


Figure 1. *The theoretical model*

Source: Beatrice, *et al* (2007), *Occupational Turnover: Understanding Nurses intent to leave the nursing profession*, New York: Open University of the Netherlands, University of Twente, the Netherlands, pp4

2.3.1 Occupational Turnover, Job Satisfaction, and Occupational Commitment

Occupational turnover refers to employee withdrawal from an organizational position or a career path of considerable duration (cf. Feldman, 1994). There is extended evidence suggesting that (dis)satisfaction with the work situation is an important precursor of employees’ decision to leave the organization or profession (Griffeth, Hom & Gaertner, 2000; Maertz & Campion,

1998). Especially characteristics of the direct work environment have been found to predict job satisfaction. In their meta-analytic study of nurses turnover, Irvine and Evans (1995) observed that work content characteristics, such as routinization, autonomy, and role conflict, and characteristics of the work environment, such as leadership, supervisory relations, and participation, were all related to job satisfaction. Moreover, job satisfaction was negatively related to turnover intentions and turnover behavior. Studies of retirement decision-making have also found that work-related variables, such as job satisfaction, are related to the decision to retire (Lu et al., 2002). Based on these findings, we expected job satisfaction to be an important aspect for nurses to consider in decisions to leave health care.

Since choosing and developing a career is usually a long-term process, characterized by personal involvement and large investments, the decision to leave ones profession may not be easy. Whether an employee decides to leave the profession will therefore also be affected by the employee s occupational commitment, that is, the emotional connection the employee feels with his or her occupation (Lee, Carswell & Allen, 2000). Empirical research has revealed strong relationships between occupational commitment and intention to leave the profession (Blau & Lunz, 1998; Lee et al., 2000; Meyer, Allen & Smith, 1993). In their meta-analysis, Lee and associates (2000) observed a weighted mean correlation of $-.62$ between occupational commitment and occupational turnover intention.

In summary, theory and research indicate that job satisfaction and occupational commitment are likely to affect nurses intention to leave their profession or employers. Previous studies have focused on the role of either job satisfaction or occupational commitment. We predicted that both, in combination, would be negatively related to the intention to leave nursing. In addition, we expected that job satisfaction and occupational commitment would be affected by work and non-work characteristics, and would mediate the relationships between these characteristics and nurses intention to leave nursing.

2.3.2 The Importance of Nurses Social Work Environment

Research on the retention and turnover of nurses has emphasized the importance of nurses social working conditions (Gauci Borda & Norman, 1997; Irvine & Evans, 1995). The nursing profession is generally characterized as an emotionally demanding work setting along with physically demanding working conditions. In order to cope with this demanding working situation, nurses social work environment may be of crucial importance. Empirical evidence indicates that interpersonal relationships are important predictors of job satisfaction, and relate to absenteeism, expression of grievances, and turnover (Boyle et al., 1999; Lucas, Atwood & Haganan, 1993; Rhoades & Eisenberger, 2002; Tett & Meyer, 1993). Given the context of our study, we assumed leadership quality and social support from close colleagues and supervisor to be extremely important to prevent withdrawal from the nursing profession. There is extensive evidence that social support and leadership quality are related to job satisfaction and commitment.

Several studies have shown that employees with supportive supervisors and colleagues were more satisfied with their work (Irvine & Evans, 1995), were more committed to their profession (Lee et al., 2000), and were more inclined to stay in their job (Karsh, Booske & Sainfort, 2005). Based on this evidence we expected that social support and leadership quality would be negatively related to nurses intention to leave health care due to their positive relationships with job satisfaction and occupational commitment.

2.3.3 Work-Home Interference in the Nursing Profession

Mutual interference of the work and home domain might be another factor affecting nurses considerations to leave health care (Gottlieb, Kelloway & Martin-Matthews, 1996). For many nurses there exists the need to combine work and family demands. With the proliferation of dual-career couples, balancing work and home responsibilities has become more and more difficult, leading to an increase in work-home conflict (Luk & Shaffer, 2005).

Work-home interference is often defined as a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect (Greenhaus & Beutell, 1985). As this definition suggests, work can affect private life while private life can affect work. In Kossek and Ozeki's (1998) meta-analysis, work-home interference was related to satisfaction with work and life in general. These relationships were stronger for work-to-home interference than for home-to-work interference. Additionally, the meta-analysis of Allen et al. (2000) revealed relationships between work-home interference and work-related outcomes, such as job satisfaction, absenteeism, and stress reactions. There is also evidence showing that work-home interference is related to organizational commitment, turnover intention, and actual turnover (Allen et al., 2000; Grandey & Cropanzano, 1999; Greenhaus et al., 1997; Rosin & Korabik, 1990). Few studies have investigated the relationship between work-home interference and occupational turnover. Greenhaus et al. (1997) for instance found that the decision to leave the field of public accounting was related to perceptions of work-home interference, work overload and feelings of stress.

Based on these findings, we expect that work-to-home interference and home-to-work interference would positively relate to intentions to leave the profession, through a negative relationship with job satisfaction and occupational commitment.

2.4 Other factors contributing to Turnover

2.4.1 Management Style

The nurse manager is, besides serving as a role model and mentor, expected to deal with immediate and unexpected unit-based issues as well as taking care of strategic plans for the future. Empirical research (Mintzberg, 1973; Kotter, 1999; Bass, 1990), identifies leading and managing as distinct processes but does not assume that leaders and managers are different types of people. Today many scholars agree that success as a manager in modern organizations necessarily involves leading (Yukl, 2002). The manager's role is seen more as a coach,

considering relations to staff, high quality and efficiency (Bass, 1985; Zimmerman *et al.*, 2001; Yukl, 2002; Collins, 2001). Research of leadership styles in the sense of a managers' ways of influencing their subordinates arose in the 1940s in the USA. This research focused on the behavior and attitudes of managers and supervisors in contrast to earlier research that mainly had been looking for inborn personality and intellectual traits. The studies resulted in the theory that leadership has two independent behavior dimensions: one production/task oriented, the other with focus on employees and relations (Likert, 1967; Fleishman and Harris, 1962).

The world has become more and more unstable and organisational changes and renewal is a natural state. It has led to demands on the manager to be able to deal with changes in an appropriate way. Due to this a new leadership dimension, change, has entered the arena (Ekvall, 1992; Ekvall and Arvonen, 1994; Yukl, 2002). The importance of shaping a culture of acceptance of uncertainty and change, a culture that sees people as part of a web of connections, and relationships as connections to be established is described by Zimmerman *et al.* (2001).

Litwin and Stringer (1968), constructed three artificial companies with quite different climates by varying the management style. The results showed that studied companies achieved different effects on job satisfaction, innovation and productivity.

Organisational climate has in recent literature been discussed together with organisational culture (Schneider, 1990), and some writers argue that the two topics overlap each other (Denison, 1996). However, in the literature work climate research has been more focused on the impact that organisational systems have on groups and individuals (Joyce and Slocum, 1984; Ekvall, 1987), while culture research has been more concerned with the evolution of social systems over time (Pettigrew, 1990; Schein, 1990). According to Ashforth (1985), organizational culture also includes values, norms and belief systems.

Reichers and Schneider (1990, p. 22), define organizational (work) climate as “the shared perception of the way things are around here”. Another definition is that organizational climate is regarded as a conglomerate of the attitudes, feelings and behaviours which characterize life in an organization (Isaksen and Ekvall, 2006). Every individual in an organization perceives its climate and can describe it based on her own perceptions and it is then possible to study climate based on these individual perceptions.

Because of its impact on patient satisfaction and quality of care, job satisfaction is very important in health care (Newman *et al.*, 2002; Seo *et al.*, 2004).

Job satisfaction is important for how we feel in life; if it is not possible to feel good about a job well done or to feel satisfied with some aspects of our job we may re-evaluate our work position (Cowin, 2002). Job satisfaction could be described as an individual's evaluation of how well the job meets the personal expectations and needs (Maslow, 1970; McKenna, 2000), or, with a global approach, as the employees' feelings and emotions towards their work experiences (Spector, 1997; Price, 2001). Job satisfaction could also be explored with a facet approach as the attitudes of employees towards various aspects (facets), of the job (Spector, 1997). Taris and Feij

(2001), describe two aspects of values: intrinsic and extrinsic. Intrinsic values refer to immaterial aspects of the job, such as job variety and autonomy, while extrinsic values refer to material work aspects, such as salary and opportunity for promotion. Job satisfaction increases when intrinsic work values are met (Taris and Feij, 2001; Hegney *et al.*, 2006). Aspects often assessed in nursing are relationships with co-workers and supervisors, organisational factors, pay and work environment (Spector, 1997; Jackson and Corr, 2002).

The relation between leadership behavior and work climate, including the leadership dimension change is earlier studied, (Ekvall and Arvonen, 1991; Arvonen and Ekvall, 1999), but not in health care. Hemmingway and Smith (1999), and Hellriegel and Slocum (2004), have earlier described a close relationship between job satisfaction and work climate and job satisfaction in turn has been identified as one of the most important predictors for nurses' intentions to remain employed (Cowin, 2002, Larrabee *et al.*, 2003). However, there is to our knowledge no study published that explores the relations between those variables in health care organizations. Therefore, we undertook a study with the aim to explore the influence of nursing manager's leadership behaviour, including the dimension “change”, on staff turnover in relation to intervening intrinsic factors of job satisfaction and creative work climate.

Nursing is an important occupation to study because nurses play a critical role in the health care delivery system. Nursing is generally a woman's occupation with a sizable contingent of part-time employees, thereby providing an opportunity to study workers who have heretofore been relatively neglected in the study of turnover (Gray, 1989; Price and Mueller, 1981a, 1981b). The shortage of nurses is currently a problem in several countries. Studies of nurses in Europe and the USA have reported that nurses suffer from low morale, job dissatisfaction, and burnout and have strong intentions of leaving their current employers (Janiszewski Goodin, 2003). High nurse turnover can impact negatively on an organization's capacity to meet patients' needs and provide quality care (Hayes *et al.*, 2006; Price and Mueller, 1981a).

Turnover is the major contributor to the shortage of nurses. This shortage is further exacerbated by employees' absence from work, making absence a critical problem at times of acute shortages. Moreover, both turnover and absence are very costly and result in decreased standards of patient care (Price and Mueller, 1981a). Both phenomena have important implications for organizations and their effectiveness in general, particularly for organizations in the health care industry. The high turnover rates among nurses (Gray, 1989; Price and Mueller, 1986), together with their high rates of absenteeism (Rhodes and Steers, 1990), are the main reasons for the interest in these behaviors in the health care industry. An understanding of the factors influencing turnover and absence may allow us to identify strategies that target both turnover and absence (Borda and Norman, 1997).

Turnover among nursing staff is a recognized problem and has been especially troublesome in long term care facilities (Karsh *et al.*, 2005). Working in long term care facilities (LTCF) is quite different from working in acute care. First, unlike in acute care settings, patients in LTCF remain dependent on the staff for care for extended periods of time, often until the end of their lives. Other unique characteristics of LTCF include their slower pace and longer time horizon than

acute care, minimal use of sophisticated technology, extensive use of paraprofessionals, smaller units of scale than acute care and multiple transitions across care settings. Nursing facility care encompasses both the clinical health and the social support services provided to individuals with chronic conditions or disabilities (Karsh *et al.*, 2005). Therefore, working in LTCF is in many aspects a different nursing career than working in acute care. Considering the increase in quality of life and the duration of life, an increase in LTCF is expected, as well as an increase in the nursing staff employed there. More information about the specific characteristics of this particular workforce is thus warranted.

2.4.2 Demographic variables and withdrawal

Demographic characteristics have been advanced in several models as predictors of withdrawal (Brooke, 1986; Hayes *et al.*, 2006; McBey and Karakowsky, 2001; Steers and Rhodes, 1978). Age is one of the most studied demographic factors for both absenteeism and turnover. The basic rationale for the relationship between age and absenteeism is that older workers will exhibit a lower absence rate because of a better person-organization fit that emerges over time (Martocchio, 1989). Age is expected to relate to turnover intentions in the same way and for the same reason. Moreover, older employees have more investment in the organization (e.g. pension plans) and more to lose from voluntary turnover. Therefore, they are expected to remain in their employing organization (Becker, 1960).

The specific nature of this sample, women employed in long term nursing care facilities, leads to the inclusion of two other variables based on the role salience hypothesis (Greenhaus and Beutell, 1985). Nursing has been perceived by many women as an interim commitment that is secondary to their primary roles as wives and mothers. Accordingly, having multiple roles, work and non-work roles, leads to opposing demands that draw on personal resources of time and energy (Cohen and Kirchmeyer, 2005; Hayes *et al.*, 2006). Rhodes and Steers (1990) argued that greater absence among women is due to their traditional responsibilities for caring for the family. They also note that absence decreases with career progression due to decreased family responsibilities as children grow up, and increases with increasing family size. The number of children under 18 years old and marital status are variables that represent kinship responsibilities and are considered a major contributor not only to absence but also to turnover intentions for nurses (Borda and Norman, 1997). They might lead to higher levels of absenteeism as well as to increased turnover intentions because of the increased role demands on employees who are married and have more children.

2.4.3 Quality of work and life

Job satisfaction is the affective variable most often associated with absenteeism, in an approach that treats absences as responses to adverse work environments. The chief conceptual paradigm for absenteeism is to treat absence as individual-level avoidance or withdrawal from an unpalatable work situation. Steers and Rhodes (1978) assigned job attitudes a central place in their model, predicting that the effects of other job related and organizational variables on absence would work their way through job satisfaction. Job satisfaction has been considered one

of the main determinants of voluntary turnover among nurses (Borda and Norman, 1997; Hayes *et al.*, 2006).

Most theories of turnover view it as the result of employee dissatisfaction. People who dislike their jobs will try to find alternative employment. Models of turnover also pointed to a complex process where job satisfaction was first related to turnover intentions. In other words, if job satisfaction were sufficiently low, the employee would develop a behavioral intention to quit the job (Appelbaum *et al.*, 2003; Freund, 2005; Yieth Chen *et al.*, 2004). The intention may lead to job search activities (Mano-Negrin and Tzafir, 2004), which if successful, would lead to turnover (Spector, 1997).

Another aspect of quality of life relates to the perception of health. Health problems and the anticipation of health problems have been noted as an important determinant of absenteeism by Harrison and Martocchio (1998). Perceptions of physical and mental health may be related to absenteeism in several ways. Anticipated illness was the most highly weighted, pervasively important decision parameter in Martocchio and Judge's (1994) study. Nicholson and Payne (1987) also found health and illness to be the strongest, most consistent portion of employees' accounts of their own absenteeism. They concluded that attributing absence to medical illness is consistent with evolving social beliefs about what constitutes a legitimate reason for missing work. Hackett *et al.* (1989) found that nurses' perceptions of events in their work and non-work lives, particularly stress, tiredness, ill health, personal problems, lack of sleep, and negative affect, consistently predicted the desire to miss work. One explanation they provided for their findings is that over time, events that define the doldrums may eventually lower employees' resistance, justifying absences in the future. Perceptions of health, though, can reflect a more general perception of one's mood. For example, for older workers poor health can become a powerful barrier to working even sporadically (Armstrong-Stassen and Cameron, 2005). This explanation and finding suggests that perceptions of health, as part of employees' perceptions of their mood and well-being, can cause employees to miss or not to miss work, depending on the way they perceive their health. Sczenshy and Thau (2004) examined the relationship of both job satisfaction and general health assessment with self-reported absenteeism and found a stronger effect of perceived health assessment on absenteeism. Following the rationale of Hackett *et al.* (1989), this research will examine the way employees perceive their job as improving or worsening their mental and physical health as an indicator of perceptions of health.

2.4.4 Commitment forms and withdrawal

Work attitudes are considered important determinants of withdrawal behavior (Appelbaum *et al.*, 2003; Harrison and Martocchio, 1998; Sturges *et al.*, 2005). While job satisfaction is considered the main determinant of absenteeism, commitment forms are considered the main predictor of turnover and turnover intentions. Sagie (1998) found in that regard that organizational commitment and job satisfaction were strongly related to the aggregated duration of voluntary absence. In a study of turnover among nurses, Price and Mueller (1981a) concluded that future research should include the concept of commitment in turnover models. Corley and Mauksch (1993) and Brewer and Lok (1995) argued that nurses have multiple commitments, for example,

to the organization, the profession, the work, and the job. They concluded that there is a need to increase our understanding of how nurses manage these multiple commitments. Reilly and Orsak (1991) found that different types of commitment seem to characterize nurses at different stages of their careers. Accordingly, they argued that work-related commitments can increase performance, reduce absenteeism, reduce turnover, and benefit both the employee and the organization. They concluded that future research on nursing commitment may improve our understanding of the mechanisms that produce turnover, absenteeism, and burnout in such a demanding profession.

This study attempts to advance our understanding of the relationship between commitments in the workplace and withdrawal in nursing organizations. One of its most important contributions is its examination of the relationship of multiple commitments to several work outcomes simultaneously, an examination that has rarely been performed in commitment research in general and in nursing in particular.

The chief attempt to construct a conceptual framework for the relationship of commitment to outcome variables was the work of Blau and Boal (1987), who proposed utilizing four combinations of high and low levels of job involvement and organizational commitment to predict withdrawal and absenteeism. Empirical examinations revealed partial support for this model in terms of its effect on turnover and absenteeism (Blau, 1986; Blau and Boal, 1989; Mathieu and Kohler, 1990). The main limitation of Blau and Boal's (1987) conceptualization in terms of commitment research is that it focuses on only two commitment forms. The absence of others may have some conceptual implications, and perhaps explains the modest empirical support for the model. The main problem is that this conceptualization concentrates on job involvement rather than occupational commitment. It can be argued that for a professional employee, commitment to the occupation may have a strong relationship to work outcomes, possibly even stronger than job involvement, particularly in the nursing profession.

Gardner (1992) emphasized the importance of occupational commitment in nursing because it relates to the attractiveness of nursing as a lifelong occupational choice and valued career option. Her findings showed that occupational commitment was important for nurses' performance in the first year on a new job and for turnover. Occupational commitment has been identified as an important component of the work-related commitment of nurses (Reilly and Orsak, 1991). It was also found to be an important determinant of nurses' turnover (Mueller *et al.*, 1992) and the turnover intentions of medical technologists (Blau *et al.*, 2003). Indeed, these studies have demonstrated that occupational commitment is more important than other work-related commitments such as the organization and the work. All of this leads to the conclusion that occupational commitment should not be ignored in any conceptualization of the relationship between commitment forms and outcome variables.

Two other commitment forms will be examined here in addition to the three mentioned above. Continuance organizational commitment was advanced by Morrow (1993) as one of the forms defined by her as *universal* forms of commitment. Continuance organizational commitment reflects the recognition of the costs associated with leaving the organization and should be

related to any variable that increases perceived costs. Turnover is a behavior that is associated with costs, and therefore continuance organizational commitment is expected to be related to turnover intentions. Group commitment is a form that seems to be relevant to the nursing occupation because many of the tasks involved in it are performed by the workgroup. Riketta and Van Dick (2005) concluded from their meta-analysis that employees feel more identified with and committed to their workgroup than to the organization as a whole. Group commitment, defined as an individual's identification and sense of cohesiveness with other members of the organization (Randall and Cote, 1991), is one of the new concepts in multiple-commitment research (Morrow, 1993; Reichers, 1985). Zaccaro and Dobbins (1989) focused on the differences between group and organizational commitment and concluded that there is a conceptual distinction between the two. Riketta and Van Dick (2005) found a stronger relationship between group commitment and turnover intentions than to absenteeism. They also found that group commitment predicted performance better than organizational commitment did. The expectation here is that those who are less committed to their work group will feel less obliged to show up to work and will have a higher absenteeism rate and higher turnover intentions. Based on the above arguments, organizational and occupational commitments are expected to be stronger predictors of withdrawal than the other commitment forms. All the above leads to the following hypotheses:

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter aims at defining the research design and methodology used in the study. It contains a description of the study design, target population, sample design and size, data collection instruments and procedure and the validity of the research.

3.2 Design of the study

According to Brown *et al* (1998), research design provides the glue that holds the research project together. A design is used to structure the research, to show how all of the major parts of the project - the samples or groups, measures, treatments or programs, and methods of assignment - work together to try to address the central research questions (*ibid*). The current study is qualitative in nature.

A case study was used to undertake the current research. Case studies involve collecting empirical data, generally from only one or a small number of cases. It usually provides rich detail about those cases, of a predominantly qualitative nature. There are a number of different approaches to case study research and the principles and methods followed should be made clear (Jimenez, 1999). Yin (1984) defines the case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.

A case study generally aims to provide insight into a particular situation and often stresses the experiences and interpretations of those involved. It may generate new understandings, explanations or hypotheses. However, it does not usually claim representativeness and should be careful not to over-generalize (Ball, 1981).

Case study research excels at bringing researchers to an understanding of a complex issue or object and can extend experience or add strength to what is already known through previous research (Hamel *et al*, 1993). According to Eisenhardt (1993), case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. Social scientists, in particular, have made wide use of this qualitative research method to examine contemporary real-life situations and provide the basis for the application of ideas and extension of methods (Miles and Huberman, 1984).

Many well-known case study researchers such as Stake (1995), Simons (1986) and Yin (1984), have written about case study research and suggested techniques for organizing and conducting the research successfully. This case study research draws upon their work and proposes six steps that should be used: (i) Determine and define the research questions; (ii) Select the cases and determine data gathering and analysis techniques; (iii) Prepare to collect the data ; (iv) Collect data in the field ; (v) Evaluate and analyze the data; and (vi) Prepare the report

The study took a holistic, in-depth approach and as such, the case study would be appropriate. According to Feagin *et al* (1991), case study is an ideal methodology when a holistic, in-depth investigation is needed. Case studies are multi-perspectival analyses. This means that the researcher considers not just the voice and perspective of the actors, but also of the relevant groups of actors and the interaction between them. This one aspect is a salient point in the characteristic that case studies possess. They give a voice to the powerless and voiceless. When sociological investigations present many studies of the homeless and powerless, they do so from the viewpoint of the "elite" (ibid).

Specifically, through the use of case study design, the researcher hopes to achieve the following:-
i) To explain complex causal links in real-life interventions; ii) To describe the real-life context in which the intervention has occurred; iii) To describe the intervention itself; and iv) To explore those situations in which the intervention being evaluated has no clear set of outcomes.

However, case studies tend to provide in-depth information about a limited number of subjects, and may produce new insights that generate additional studies. The major challenge expected in using the case study approach is that the researcher is required to have excellent knowledge of the topic when designing questions. The researcher approached the subjects of study with an inquisitive mind and an openness that permits subjects to respond in an unlimited number of directions. This less structured approach may take the researcher down avenues he did not anticipate traveling and open doors to new kinds of understanding.

3.3 Target population

A case study of MP Shah Hospital was adopted for the study. As the field of business and society is young and no widely accepted integrating framework exists (Jones, 1995), it is valuable for research to explore real organizational goals and processes in organizations, and to understand the failure of policies and practices. Population of study was the nurses currently in employment at MP Shah Hospital and those who have left service in the last five years (They were traced by the researcher, who is in touch with many of them). This ensured that the study provides a reasonable level of breadth without sacrificing the depth and richness of the data (Eisenhardt, 1989). In addition, the researcher held personal interviews with various key informants, who included matron and various supervisors.

3.4 Sample Design

It would have been desirable to use a census of the whole population of the staff of MP Shah, but owing to such limitations as the costs that would be involved in covering them all and the given time frame among other reasons, a representative sample of 20 nurses currently in service and 20 nurses who left service in the last five years was considered for the study (Total of 40 nurses).

Probability sampling was used to arrive at a representative sample for the study. The respondents were sampled using stratified random sampling and were deliberately selected on the basis of

convenience as perceived by the researcher; they were also as representative of the various departments and levels along the organizational hierarchy amongst other factors as possible. In order to ensure that all the departmental managers are involved, purposive sampling was also utilized.

3.5 Data Collection instruments and Procedure

Both secondary and primary data were collected. Desk study was undertaken, in which a review of the relevant literature was carried out. Information pertaining to nurse turnover in organizations was critically reviewed. The sources of information included various websites, books, magazines, Journals and available reports from organizations. The desk study enabled this research to be grounded in the current literature relating to nurse turnover in organizations. This development ensured that the research does not duplicate other studies, and instead make a significant contribution toward the subject of study.

3.5.1 Data Collection Instruments

The questionnaire, which is the main data collection instrument, enabled the researcher to gather in-depth information on phenomena under investigation. The questionnaire consisted of two sections, Section I and section II. Section I consisted of items pertaining to profile of the respondents while section II consisted of items pertaining to the area of study. The researcher used interview schedules, which had open questions, aimed at meeting the objectives of the study. In addition, observation method was used in confirming the questionnaire responses.

3.5.2 Data Collection procedure

The sets of questionnaires and interview guides were pre-tested on selected respondents from various categories of respondents to necessitate adjustments in order to make them more suitable and minimize bias in responses. The questionnaires were administered through dropping and picking from respondents at their most convenient time that will be agreeable to both parties.

Personal interviews were conducted with 10 of the respondents selected at random, aided by an interview schedule. In this case the researcher was able to obtain additional information to corroborate findings from the questionnaire. The researcher further conducted observations to establish the mode of operation in all the departments from existing records. The data was compiled in a master table, which formed the basis of the data analysis

3.6 Data Analysis procedure

The data was analyzed by employing descriptive statistics such as percentages, frequencies and tables. Statistical Package for Social Sciences (SPSS) was used to aid in analysis. The researcher preferred SPSS because of its ability to cover a wide range of the most common statistical and graphical data analysis and is very systematic. Computation of frequencies in tables, charts and bar graphs were used in data presentation. In addition, the researcher used standard deviations

and mean scores to present information pertaining to the study objectives. The information was presented and discussed as per the objectives and research questions of the study.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

4.1 Introduction

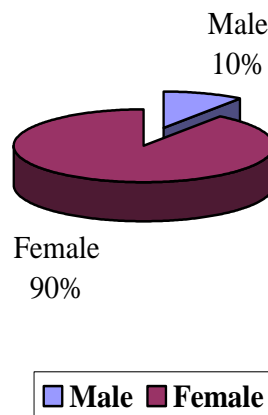
This chapter discusses the data analysis and findings from the questionnaires completed by 20 respondents from MP Shah Hospital and 16 nurses who left MP Shah Hospital to work in other hospitals in the last five years. A total of 40 questionnaires were sent out, 36 were returned completed (a response rate of 90%). The high response rate could be attributed to the cordial relationship between the researcher and the respondents. In addition, the chapter presents analysis of findings from personal interviews. The purpose of the study was to identify the factors influencing turnover of nurses in MP Shah Hospital. The findings are presented as per objectives of the study.

4.2 Profile of Respondents

4.2.1 Gender Distribution of Respondents

The respondents were asked to indicate their gender by ticking as appropriate. The responses are summarized and presented in figure 4.1 below.

Figure 4.1: Gender Distribution of Respondents



The findings in figure 4.1 show that whereas 90% of the respondents were female, only 10% were male. This is an indication that the establishment of MP Shah Hospital, the nursing career is female dominated.

4.2.2 Age Distribution of Respondents.

The respondents were asked to indicate their age by ticking against given age brackets. The responses are presented in table 4.1 below.

Table 4.1: Age Distribution of Respondents

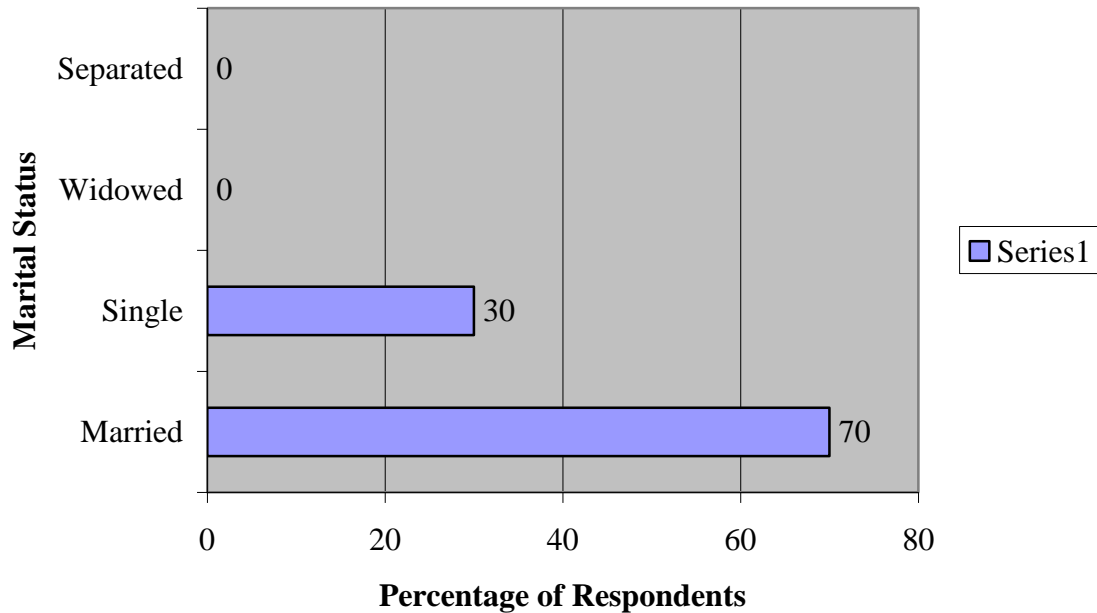
Age Bracket	Distribution	
	Frequency	Percentage
18 – 27 years	7	20
28 - 37 years	4	10
38 - 45 years	18	50
46 – 55 years	7	20
55 years and above	0	0
Total	36	100

The findings in table 4.1 show that 80% of the respondents were aged between 18 and 45 years, an age bracket that is active. None of the respondents was above 55 years of age (the mandatory retirement age in the public service in Kenya)

4.2.3 Marital Status of Respondents

The respondents were asked to indicate their marital status. The findings show that none of the respondents was either widowed or separated. While 70% of the respondents indicated that they were married, only 30% indicated that they were single. According to Mryyan (2005: 47), Nurses working in private hospitals tended to be married. Yin and Yang (2002: 581) indicated that nurses who are older and married might be more satisfied contributing to reduced turnover rates among this group of nurses. The findings are summarized and presented in figure 4.2.

Figure 4.2: Marital Status of Respondents



4.2.4 Number of Dependants

The respondents were asked to indicate the number of dependants they had. The findings show that only 10% of the respondents did not have dependants. Twenty percent of the respondents had one dependant each, 20% had two dependants each, 30% had three dependants each, and 10% has four dependants each while 10% had 4 dependants each. None of the respondents had more than five dependants. The responses are summarized and presented in table 4.2.

Table 4.2: Number of Dependants

Number of Dependants	Distribution	
	Frequency	Percentage
None		10
One		20
Two		20
Three		30
Four		10
Five		10
Above Five		0
Total		100

The findings in table 4.2 show that majority of the respondents (80%) had at most 3 dependants. It can be concluded that the nurses tended to have relatively few dependants.

4.2.5 Highest Nursing Qualification

The respondents were asked to indicate the highest nursing qualification they had attained. The findings show that only 10% of the respondents had attained a Certificate in nursing. Majority of the respondents had a Diploma in nursing (80%) and while 10% had attained a Bachelors Degree. The responses are summarized and presented in table 4.3 below.

Table 4.3: Highest Nursing Qualification

Highest Nursing Qualification attained by Respondents	Distribution	
	Frequency	Percentage
Certificate		10
Diploma		80
Bachelors Degree		10
Masters Degree		0
Doctorate		0
Total		100

The fact that only 10% of the respondents had obtained a bachelor's degree might indicate that nurses in Health care facilities in Kenya could be encouraged to improve their academic qualifications.

4.2.6 Years of Nursing Experience

The respondents were asked to indicate the number of years they had worked as nurses. The findings show that none of the respondents had less than one year of nursing experience. While 20% of the respondents had between 1 and 5 years of experience as nurses, 40% had between 10 and 15 years experience, 10% had between 15 and 20 years experience and 30% had between 20 and 25 years experience. The responses are summarized and presented in table 4.4 below.

Table 4.4: Years of Nursing Experience

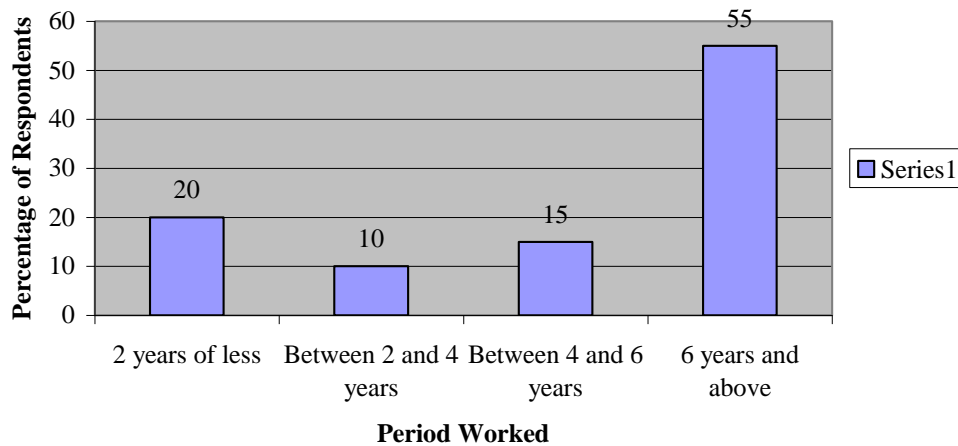
Years of Nursing Experience	Distribution	
	Frequency	Percentage
Less than 1 year		0
1 to 5 years		20
5 to 10 years		0
10 to 15 years		40
15 to 20 years		10
20 to 25 years		30
Total		100

The respondent with the highest number of years of experience had 23 years of service. Findings in table 4.4 show that majority of the respondents (80%) had above 10 years experience as nurses. The findings indicate that the nurses had a lot of experience and hence their responses to the study questionnaire would be objective.

4.2.8 Period worked in Current Organization

The respondents were asked to indicate the period of time they had worked in their current organizations. The responses are summarized and presented in figure 4.3 below.

Figure 4.3: Period Respondent Worked in Current Organization



The findings show that 55% of the respondents had worked in their current organizations for 6 years and above, 15% had worked for their current organizations for between 4 and 6 years, 10% had worked for between 2 and 4 years while 20% had worked for less than 2 years in their current establishments. The respondents had been in their current organizations for long enough to understand the work environment and as such, were well placed to provide objective answers to the questions in the study.

4.2.9 Job Title of Respondents

The respondents were asked to indicate their job titles. The responses are summarized and presented in table 4.5 below.

Table 4.5: Job Title of Respondents

Job Title of Respondents	Distribution	
	Frequency	Percentage
Sister in charge		20
Senior Nurse		10
Enrolled Community Nurse/KRCHN		20

Nursing Sister		50
Total		100

4.2.10 Duties and Responsibilities of the Respondents

The respondents were asked to indicate their duties and responsibilities. Though the responses varied in the terms used, the responses are summarized and presented in table 4.6. The responses show that the respondents had a good understanding of their duties and responsibilities.

Table 4.6: Duties and Responsibilities of the Respondents

Job Title of Respondents	Duties and Responsibilities
Sister in charge	<ul style="list-style-type: none"> • Day to day management of the wards – ensuring that all departments in the ward are covered (Pre-Unit, Nursery, labor ward and post-natal ward • Allocation of duties to nurses and ensuring effective supervision of the nurses’ work • Ensuring that all equipment is in working condition • Ordering surgical equipment and drugs • Ensuring that the highest possible quality service is delivered to the satisfaction of clients
Senior Nurse	<ul style="list-style-type: none"> • Ensuring smooth running of the department • Assist in the management of patients care • Acting as shift leader in the absence of the in charge.
Kenya Enrolled Nurse/Midwife	<ul style="list-style-type: none"> • Ensuring general care of patients – monitoring of mothers in first stage • Assisting the doctors in second stage of labor • Feeding and bathing of the babies
Enrolled Community Nurse/KRCHN	<ul style="list-style-type: none"> • Autoclaving and parking of instruments • Supplying of sterile instruments
Nursing Sister	<ul style="list-style-type: none"> • Ordering of drugs and crediting the unused supplies by patients on discharge/death or transfer out • Supervision and facilitation of orientation programme for new nurses • Giving nursing care to patients

	<ul style="list-style-type: none">• Liaising with visiting doctors to ensure highest possible healthcare service provision to patients
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Source: Primary Data

4.3 Turnover among Nurses at MP Shah Hospital

4.3.1 *Factors that Influence Turnover of Nurses at MP Shah Hospital*

In order to meet the first objective of the study, “To identify the factors that influence nurse turnover in MP Shah Hospital” the respondents were asked to indicate the extent to which listed factors could have influenced employee turnover by ticking as appropriate along a five point scale. The responses are discussed as follows:-

Leadership Quality - In as far as leadership quality is concerned, whereas 30% of the respondents indicated that that it did not influence Nurse turnover at MP Shah Hospital at all, 50% indicated that leadership quality influenced nurse turnover ‘somehow’, 10% indicated ‘much’ while the other 10% indicated ‘very much’.

Work – to- home interference – Whereas 30% of the respondents indicated that work to home interference did not influence nurse turnover at MP Shah Hospital at all, 40% of the respondents were neutral, 20% indicated ‘somehow’, while the other 10% indicated ‘much’.

Home-to-work interference – With regards to hoe-to-work interference, while 30% of the respondents indicated ‘not at all’, 40% were neutral, and 30% indicated ‘somehow’.

Social support supervisor – Whereas 10% of the respondents indicated that social support supervisor influenced nurse turnover ‘very much’, 10% indicated ‘much’, 20% indicated ‘somehow’, 20% were neutral while 40% indicated ‘not at all’.

Social support colleagues – With regards to social support colleagues, while 50% indicated ‘not at all’, 30% were neutral, 10% indicated ‘somehow’ while 10% indicated ‘very much’.

Occupational commitment – In response to occupational commitment, while 50% of the respondents indicated ‘not at all’, 10% were neutral, 20% indicated ‘somehow’, 10% indicated ‘much’ while 10% indicated very much’.

Job satisfaction – In response to job satisfaction, while 30% of the respondents indicated ‘very much’, 30% indicated ‘much’, and 20% indicated ‘somehow’ while 20% remained neutral.

Occupational turnover intention – In response to occupational turnover intention, while 30% indicated ‘not at all’, 40% were neutral, 20% indicated ‘much’ while 10% indicated ‘very much’.

Inadequate pay – With regards to inadequate pay, while 70% of the respondents indicated ‘very much’, 10% indicated ‘much’ while 20% indicated ‘somehow’.

Inadequate resources to do the job – With regards to inadequate resources to do the job, while 10% indicated ‘very much’, 10% indicated ‘much’, 20% indicated ‘somehow’, and 20% were neutral while 40% indicated ‘not at all’.

Inadequate opportunities to develop skills – In response to inadequate opportunities to develop skills, while 40% indicated ‘very much’, 50% of the respondents indicated ‘much’ and 10% indicated ‘somehow’.

Inadequate promotion prospects – With regards to inadequate promotion prospects, 30% indicated ‘not at all’, 20% indicated ‘somehow’, 20% indicated ‘much’, while 30% indicated ‘very much’.

Excessive workload – In response to excess work load, while 30% indicated ‘not at all’, 20% were neutral, 10% indicated ‘somehow’, 10% indicated ‘much’ while 10% indicated ‘very much’. According to Shaver (2003:166), work load and nursing shortages interfered with the provision of quality patient care and job satisfaction levels of nurses were negatively related to turnover rates but positively related to productivity. Thus work overload could impact negatively on nurses’ productivity and thus also on their levels of job satisfaction.

Inadequate career structure – In response to inadequate career structure, while 20% indicated ‘not at all’, 10% were neutral, 20% indicated ‘somehow’, 20% indicated ‘much’ while 30% indicated ‘very much’.

Inflexible working hours – In response to inflexible working hours, while 30% of the respondents indicated ‘not at all’, 30% were neutral, 30% indicated ‘somehow’ while 10% indicated ‘much’.

The responses are summarized and presented in terms of mean scores and standard deviations in table 4.7 below.

Table 4.7: Factors that Influence Turnover of Nurses at MP Shah Hospital

Factors that influence turnover of nurses	Mean Scores	Standard Deviations
Leadership quality	3.564	7.127
Work-to-home interference	2.771	5.541
Home-to-work interference	3.343	6.686
Social support supervisor	2.044	4.087
Social support colleagues	3.380	6.760
Occupational commitment	2.815	5.630
Job satisfaction	2.247	4.494
Occupational turnover intention	2.771	5.541
Inadequate pay	5.189	10.378

Inadequate resources to do the job	2.044	4.087
Inadequate opportunities to develop skills	4.160	8.319
Inadequate promotion prospects	2.247	4.494
Excessive workload	1.441	2.881
Inadequate career structure	1.245	2.490
Inflexible working hours	2.655	5.310
N= 36		

4.3.2 The Effects of Nurse Turnover on Operations at MP Shah Hospital

In order to meet the second objective of the study, “To determine the effects of nurse turnover on operations at MP Shah Hospital”, the respondents were asked to indicate the extent to which they agreed that each of the listed possible effects indeed impacted on the operations of MP Shah Hospital. The responses are as presented below.

Decline in quality of healthcare delivery to the patients - In response to decline in quality of healthcare delivery to the patients, while 20% of the respondents strongly agreed, 30% indicated ‘somehow agree’, 20% disagreed while 30% strongly disagreed.

Low morale among the remaining nurses – With respect to low morale among the remaining nurses, while 50% of the respondents strongly agreed that it was indeed an effect, 30% indicated that they agreed while 20% indicated ‘somehow agree’.

Increasing workloads for the remaining staff – In response to increasing workloads for the remaining staff, while 50% indicated that they strongly agreed, 30% indicated that they agreed while 20% indicated ‘somehow agree’.

The responses are summarized and presented in terms of mean scores and standard deviations in table 4.8 below.

Table 4.8: The Effects of Nurse Turnover on Operations at MP Shah Hospital

Effects of nurse turnover	Mean Score	Standard Deviation
Decline in quality of healthcare delivery to the patients	2.247	4.494
Low morale among the remaining nurses	3.831	7.662
Increasing workloads for the remaining staff	3.831	7.662
N=36		

When asked to mention other effects of Nurse Turnover on operations of MP Shah Hospital, the following were emphasized by the respondents: - Lack of incentives leading to low morale of the remaining nurses; stress resulting from being overworked and losing friendly colleagues; a lot of time wasted on giving orientation to new nurses, who leave as soon as they have acquired the necessary skills; and the remaining nurses are overworked and underpaid

4.3.3 The interventions that could be used to reduce nurse turnover in MP Shah Hospital.

In order to meet the third objective of the study, “To determine the interventions could be used to reduce nurse turnover in MP Shah Hospital” the respondents were asked to indicate the extent to which each of the listed interventions had been used in a bid to reduce nurse turnover at MP Shah Hospital. The responses are as presented below.

Improved internal communication – In response to improved internal communication, while 20% of the respondents strongly disagreed, 20% of the respondents disagreed, 25% indicated ‘somehow agree’, 25% agreed while 10% indicated ‘strongly agree’.

More opportunities for career development and training – With regards to more opportunities for career development and training, while 35% of the respondents strongly agreed, 25% agreed, 10% indicated ‘somehow agree’, 20% disagreed while 10% strongly disagreed.

Better procedures for recruitment – In response to better procedures for recruitment, while 25% of the respondents strongly disagreed, 50% disagreed, 15% indicated ‘somehow agree’, and 10% agreed.

Improved employment terms and conditions – While responding to improved employment terms and conditions, 50% of the respondents strongly agreed, 20% agreed, 20% disagreed while 10% strongly disagreed.

Greater recognition of nurses’ work – In response to greater recognition of nurses’ work, while 50% of the respondents strongly agreed, 10% agreed, 10% indicated ‘somehow agree’, 10% disagreed while 20% strongly disagreed.

Paying attention to issues that are raised during staff surveys and meetings – In response to paying attention to issues that are raised during staff surveys and meetings, while 20% of the respondents strongly agreed, 50% agreed, 10% disagreed and 20% strongly disagreed.

Improved management training – In response to improved management training, whereas 20% of the respondents strongly agreed, 25% agreed, 25% indicated ‘somehow’, 10% disagreed and 20% strongly disagreed.

The responses are summarized and presented in terms of mean scores and standard deviations in table 4.9 below.

Table 4.9: Interventions that could reduce nurse turnover

Interventions that could reduce nurse turnover	Mean Scores	Standard Deviations
Improved internal communication	1.025	2.049
More opportunities for career development and training	2.013	4.025
Better procedures for recruitment	3.417	6.834
Improved employment terms and conditions	3.343	6.686
Greater recognition of nurses' work	3.268	6.535
Paying attention to issues raised during staff surveys and meetings	3.343	6.686
Improved management training	1.025	2.049
N=36		

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to identify factors influencing turnover rates among nurses in hospitals. This chapter discusses the conclusions with reference to the objectives and findings, and limitation of the study and provides recommendations for practice and for further research, based on the conclusions.

5.2 Conclusions

The study findings indicate that the presence of motivators enhanced nurses' job satisfaction levels, namely advancement, the work itself, responsibility and recognition. However, achievement was identified as one factor that was not stated as important in leaving the work place.

Hygiene factors reduced the level of satisfaction, namely, working conditions, supervision and salary.

Reilly and Oerman (1999: ix) argued that nursing is evolving at a rapid pace not only in its practice domain, but also in its role within the health delivery system, locally, nationally, and internationally. Changes within nursing as knowledge expands its meaning, opportunities, and mandates as well as social changes which affect the health of individuals and the health care services they receive have altered considerably the traditional notion of nursing. Unless sufficient numbers of nurses are recruited within the nursing profession, the health care clients might not receive the type of care they are entitled to.

5.3 Limitations of the Study

The following limitations, could limit the generalisability of the research results.

- (i) To date, no literature was available on factors influencing turnover of nurses in Kenya. Thus the researcher had no data for comparison.
- (ii) Some of the respondents might have misinterpreted some questionnaire items while completing the questionnaires. This limitation could have been addressed by conducting personal interviews with all the respondents, but still this was impossible due to time limitations, issues of anonymity (and possibly confidentiality) and geographical distances to reach the participating hospitals.
- (iii) Considering the fact that the questionnaires were administered to the respondents in their work stations, they could have had divided attention while completing the questionnaires as they were at the same time undertaking their duties. This divided attention could have affected the responses given.

Despite these limitations, this study attempted to identify factors influencing nurse turnover and the findings and recommendations should be viewed against these limitations.

5.4 Recommendations

Recommendations will be provided for reducing nursing turnover and for future research. It is necessary that organizations should develop strategies to reduce nursing turnover in the workplace and intrinsic and extrinsic factors should be taken into account.

5.4.1 Recommendations for Policy and Practice

Based on the conclusions, the following recommendations could begin to address some of the factors that contribute to nurse turnover rates in hospital in Kenya:-

- (i) Work schedules should be as flexible as possible and minimal changes (with consultation of all concerned) should be done in order to avoid disrupting nurses' social lives
- (ii) Workloads should be manageable by adequately staffing units and by appropriate delegation of duties
- (iii) An organization should have a monthly or quarterly newspaper and publish the achievements of employees, and promotions and recognition of any outstanding performance.
- (iv) During performance appraisals, supervisors should address issues like, promotions, salaries, advancement opportunities, recognition, responsibility and achievements in order to prevent feelings of being in dead-end jobs influencing nurses' intentions to leave a specific organization.
- (v) Group cohesion should be enhanced by encouraging social gatherings away from the work environment.
- (vi) Nurses should be involved in decision making so that they feel part of these processes facilitating the implementation.
- (vii) Communication among members of the multidisciplinary team should be enhanced.

5.4.2 Recommendations for Further Research

- (i) Duplication of the same study in other private hospitals in Kenya should be done to obtain comparative data about the factors influencing turnover of nurses in Kenya.
- (ii) Further research should be conducted using in-depth interviews to further explore the factors influencing turnover of nurses that remained unidentified in this study.

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APPENDIX I: QUESTIONNAIRE

This questionnaire has been designed to collect information from selected staff of MP Shah Hospital and is meant for academic purposes only. The questionnaire is divided into two sections. Section I. seeks to capture the profile of respondents while section II will capture issues pertaining to the area of study. Please complete each section as instructed. Do not write your name or any other form of identification on the questionnaire. All the information in this questionnaire will be treated in confidence.

SECTION I: PROFILE OF RESPONDENTS

1. Indicate your gender? (Please tick as appropriate)
 - (a) Male
 - (b) Female

2. Indicate your age group (Please tick as appropriate)
 - (a) 18 – 27 years
 - (b) 28 - 37 years
 - (c) 38 - 45 years
 - (d.) 46 – 55 years
 - (e). 55 years and above

3. Please indicate your marital status (Please tick as appropriate)
 - (a) Married
 - (b) Single
 - (c) Widowed
 - (d.) Separated

4. Indicate the number of your dependants _____
5. Indicate your highest nursing qualification?
 - (a) Certificate
 - (b) Diploma
 - (c) Bachelors Degree
 - (d) Masters Degree
 - (e) Doctorate
 - (f). Any other please specify.....

6. Please indicate your years of experience in nursing _____
7. How long have you worked as a nurse in your current organization (Please tick as appropriate)
 - (a) 0 to 2 years
 - (b) 2 to 4 years
 - (c) 4 to 6 years

(d.) 6 years and above

8. Please indicate your job title? _____

9. Please list your duties and responsibilities

SECTION II: FACTORS THAT INFLUENCE TURNOVER AMONG NURSES

10. Listed below are some of the possible factors that could influence employee turnover. Please indicate the extent to which each of the listed factors could have influenced the high turnover of nurses at MP Shah Hospital.

Where: Not at all = (1); Neutral = (2); Somehow = (3); Much = (4); Very much = (5)

Factors that influence turnover of nurses	1	2	3	4	5
Leadership quality					
Work-to-home interference					
Home-to-work interference					
Social support supervisor					
Social support colleagues					
Occupational commitment					
Job satisfaction					
Occupational turnover intention					
Inadequate pay					
inadequate resources to do the job					
inadequate opportunities to develop skills					
inadequate promotion prospects					
excessive workload					
inadequate career structure					
inflexible working hours					
Other (Specify)					

11. Listed below are some of the possible effects of turnover of nurses. Please indicate the extent to which you agree that each of the listed effects has indeed impacted on the operations of MP Shah Hospital

Where: Strongly disagree = (1); Disagree = (2); Somehow agree = (3) Agree = (4) Strongly agree = (5)

Effects of nurse turnover	1	2	3	4	5

Decline in quality of healthcare delivery to the patients					
Low morale among the remaining nurses					
Increasing workloads for the remaining staff					

12. Please indicate any other effects of nurse turnover at MP Shah Hospital

13. Please indicate the extent to which each of the listed interventions has been used in a bid to reduce nurse turnover at MP Shah Hospital. (Tick as appropriate).

Where: Strongly disagree = (1); Disagree = (2); Somehow agree = (3); Agree = (4); Strongly agree = (5)

Interventions that could reduce nurse turnover	1	2	3	4	5
Improved internal communication					
More opportunities for career development and training					
Better procedures for recruitment					
Improved employment terms and conditions					
Greater recognition of nurses' work					
Paying attention to issues raised during staff surveys and meetings					
Improved management training					
Other (Specify)					

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